SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 1
OMB No.: 0938-

| STATE PLAN UNI | DER TITLE | XIX | OF | THE | SOCIAL | SECURITY | ACT | |
|----------------|-----------|-------|-----|------|--------|----------|-----|--|
| State: _ | *** | | | ID | АНО | | | |
| | INCOME I | LIGIB | ILI | TY I | LEVELS | | | |

- A. MANDATORY CATEGORICALLY NEEDY
- 1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

| | Family Siz | <u>e</u> ! | Need Standard | Payment Standard | Maximum Payment Amounts |
|------|------------|------------|---------------|-------------------------|----------------------------|
| | 1 | • | \$ 643 | The AFDC payment stan- | \$205 |
| | 2 | | 786 | dard is derived by | 251 |
| | 3 | | 991 | multiplying the need | 317 |
| | 4 | | 1,196 | standard by 32 percent, | 382 |
| | 5 | | 1,401 | the rateable reduction | 448 |
| | · 6 | - | 1,606 | percentage in effect as | 513 |
| | 7 | _ | 1,811 | of 7/1/93. | 579 |
| | 8 | | 2,016 | | 645 |
| | 9 | | 2,221 | | 710 |
| | 10 | | 2,426 | | 776 |
| Each | additional | Person | 205 | | 65 |

- For pregnant women and infants under Section 1902(a)(10)(A)(I)(IV) of the Act, the income eligibility level is 133 percent of the Federal poverty level for pregnant women and infants (as revised annually in the Federal Register) for the size of the family involved.
- 3. For children under Section 1902(a)(10)(I)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
- 4. For children under Section 1902(a)(10)(I)(VII) of the Act (children who were born after September 30, 1983, and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the federal poverty level (as revised annually in the Federal Register) for the size family involved.

| TN No. <u>98-06</u> Supersedes TN No. <u> </u> | , === | Approval Date <u>6/18/98</u> - Effective Date <u>10/197</u> | |
|---|-------|--|--|
|---|-------|--|--|

Revision: HCFA-PM-92-1

(MB) FEBRUARY 1992

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | IDAHO |
|--------|-------|
| | |

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. Approval Date 5-22-92 Effective Date 1-1-92 Supersedes TN No.

· . 27 . 1887

INCOME ELIGIBILITY LEVELS (Continued) OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL 1. Pregnant Women and Infants The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections $\overline{1902}(a)(1)(A)(ii)(IX)$ and 1902(1)(2) of the Act are as follows: _ percent of the official Federal income poverty level (no less than 133 percent and no more than 185 percent). Income Level Family Size TN No. Supersedes Approval Date <u>6/18/98</u> Effective Date <u>10/1/9</u>7 TN No.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4

_ State:

AUGUST 1991

(BPD)

IDAHO

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

0938-

Page 3

OMB No.:

HCFA ID:

7985E

| | | INCOME ELIG | IBILITY LEVELS | (Continued) | |
|----|-----------------------|--|--|------------------|-------------------|
| В. | OPTIONAL CAT | PEGORICALLY NEEDY | GROUPS WITH I | NCOMES RELATED | TO FEDERAL |
| | 2. Children | Between Ages 6 a | and 8 | | |
| | who are bage but a | s for determining forn after Septem fre under 8 years () of the Act are | mber 30, 1983 a s of age under | and who have att | cained 6 years of |
| | Based on Federal i | percincome poverty li | cent (no more t ine. | han 100 percent |) of the official |
| | | Family Size | Inc | come Level | |
| | | 1 2 3 4 5 6 7 8 9 | \$ \$ \$ \$ \$ \$ \$ \$ | | · |
| | | · | | | |
| | | | | | |
| | | | | | |
| | No. <u>4/-/4</u> | Approval Date | 1/2/192 | _ Effective Dat | ce <u>10/1/91</u> |
| | No. <u>- 4</u> | | <u>y</u> | HCFA ID: 798 | |
| | | | | | |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4 (BPD)

IDAHO

AUGUST 1991

State: ____

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 4 OMB No.: 0938February 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | ID | АНО | Maa ·· | | | | | |
|---------|--|--|--|--|--|--|--|--|
| | | BILITY LEVELS (CONT | | | | | | |
| 3. | Aged and Disabled Individuals | | | | | | | |
| | The levels for determining income eligibility for groups of aged and disabled individuals under the previous of sections 1902(m)(1) of Act are as follows: | | | | | | | |
| | Based on percent of the official | l Federal income poverty li | ne. | | | | | |
| | Family Size | Income Level | | | | | | |
| | _1_ | \$ | | | | | | |
| | _2_ | \$ | | | | | | |
| | _3_ | \$ | | | | | | |
| | _4_ | \$ | | | | | | |
| | 5 | \$ | | | | | | |
| | If an individual receives a title II ber the monthly insurance benefit as a re "transition period" beginning with Ja and ending with the last day of the mannual Federal poverty level. | esult of the title II COLA is anuary, when the title II be | s not counted as income during the nefit for December is received, | | | | | |
| | For individuals with title II income, of the month following the end of the | 2 . | are not effective until the first day | | | | | |
| | For individuals not receiving title II the beginning of the month following | · • | y levels are effective no later than | | | | | |
| 4. | Institutionalized Individuals | | | | | | | |
| | The level for determining income eli institutionalized for at least 30 conse | | l disabled individuals who are | | | | | |
| | NF/ICF-MR - \$1,536 effective | /e 1/1/2000 | | | | | | |
| Superse | . <u>00-0</u> 0/ edes Approval Date . <u>99-0</u> 03 | e <u>6/16/00</u> | Effective Date ///00 HCFA ID: 7985E | | | | | |

| Rev | lsion: | HCFA- | PM-91-4 1991 | | (BPD) | | Page 6 | ENT 1 TO | ATTAC | HMEN | F 2.6- | -A |
|------|-----------------|----------|-----------------|-------------|---------------------------|-------|----------|-----------|-------|--------|--------|-----|
| | | STAT | E PLAN | UNDE | R TITLE XI | C OF | THE SOCI | AL SECUR | ITY A | CT | | |
| | | State: | | | IDAHO | | | | | | | |
| | | | INC | COME | ELIGIBILIT | LEVI | ELS (Con | tinued) | | | | |
| c. | QUALIF LEVEL | TIED ME | | | FICIARIES W | | | | o FED | ERAL | POVE | RTY |
| | Medica | ire bend | | ies t | ing income under the p | | | | | | | |
| 1. | NON-SE | CTION | 1902(f) | STAT | <u>res</u> | | | | | | | |
| a. | Based level: | | follow | ing p | percent of | the o | fficial | Federal | incom | ie pov | verty | |
| | Eff. J | Tan. 1, | 1989: | 13/ | 85 percent | / | · . | _ percent | (no | more | than | 10 |
| | Eff. J | an. 1, | 1990: | 13 | 90 percent | / | | _ percent | (no | more | than | 10 |
| | Eff. J | an. 1, | 1991: | 100 | percent | | | | | | | |
| **** | Eff. J | an. 1, | 1992: | 100 | percent | | | | | | | |
| b. | Levels | : | | | | | | | • | | | |
| | | 1 | Family | <u>Size</u> | | Inc | ome Leve | els | | | | |
| | $\frac{1}{2}$ | | | \$ \$ | . 568 . 766 | | | | | | | |
| | | | | | | | | | - | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

IN No. 97-2Supersedes Approval Date 5-21.92 Effective Date 1-1-92IN No. 91-19HCFA ID: 7985E

| Rev | ision: | HCFA-F AUGUST | M-91-4 1991 | (BPD) | Pa | PPLEMENT ge 7 B No.: | | ATTA | CHMENT | r 2.6- | -A |
|------|-----------------|------------------|----------------|-------------|------------------|------------------------------------|-------------|-------|--------|--------|------|
| | | STAT | E PLAN UN | DER TITLE | XIX OF THE | SOCIAL | SECURI | TY A | CT | | |
| | | State: | IDAH |) | | | | | | | |
| | | | INCOM | E ELIGIBIL | ITY LEVELS | (Contir | nued) | | | | |
| c. | QUALIE LEVEL | FIED MED | CARE BEI | NEFICIARIES | S WITH INC | OMES RÈL | ATED TO | O FEI | DERAL | POVE | RTY |
| 2. | | | f) STATES | | OF JANUAR | 1 98 Y 1, 198 | 7 9 USED | INCO | ME ST | CANDAF | RDS |
| a. | Based level: | | following | g percent o | of the off | icial Fe | deral i | incom | ie pov | erty | |
| | Eff. 3 | Jan. 1, | 1989: 🖊 | _/ 80 perce | ent <u>/</u> / _ | p | ercent | (no | more | than | 100) |
| | Eff. 3 | Jan. 1, | 1990: / | | ent <u>/</u> / _ | p | ercent | (no | more | than | 100 |
| | Eff. 3 | Jan. 1, | 1991: _ | | ent <u>/</u> / _ | p | ercent | (no | more | than | 100; |
| | Eff. J | Jan. 1, | 1992: 10 | 00 percent | | | | | | | |
| b. | Levels | | amily Siz | <u>:e</u> | Income | e Levels | | | | | |
| | | | | | \$ \$ | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | • •• | | | | | | | | |
| TN N | No. <u>9</u> | 1-19 | Approval | Date _// | 21/92 | Effect | tive Da | te _ | 10/1 | 191 | |
| TN N | 10. <u> </u> | | • | 7 | | HCFA 1 | ID: 79 | 85E | | | |

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 8 OMB No.: 0938-

| | STATE PLAN U | DER TITLE XIX OF | THE SOCIAL SECURITY | Y. ACT |
|-----------------------------|---|--|---|--|
| | State: I | OAHO | | |
| D. MEDIC | ALLY NEEDY | INCOME LEVELS (C | ontinued) | |
| D. Madic | | | | |
| | Applicable to a | II groups. | those specified group income le | ll groups except below. Excepted vels are also tached page 3. |
| (1) | (2) | . (3) | (4) | (5) |
| Size m | et income level protected for aintenance for months | Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/ | Net income level for persons living in rural areas for months | Column (4) |
| / u | rban & rural | | | |
| 1 | \$ | <u> </u> | \$ | |
| 2 | \$ | s | | \$ |
| 3 | \$ | \$ | \$ | \$ |
| 4 | \$ | <u> </u> | s | <u> </u> |
| payme | \$ e agency has met | | \$ g from its claim for whose income excee | |
| TN No Supersede TN No | 9//9 s Approva | 1 Date //2//42 | Effective Dat | • |

| Revision | HCFA-PM-91-4 AUGUST 1991 | (BPD) | SUPPLEMENT 1 TO Page 9 OMB No.: 0938- | ATTACHMENT 2.6-A |
|----------------------------------|-----------------------------|-----------------------|---|-----------------------|
| | STATE PLAN U | NDER TITLE XIX OF | THE SOCIAL SECURITY | ACT |
| | State: | DAHO | | |
| | | INCOME LEVELS (C | ontinued) | |
| D. MEDIO | CALLY NEEDY | | - | |
| | | | | |
| (1) | (2) | (3) | (4) | (5) |
| | Net income level | Amount by which | Net income level | Amount by which |
| | protected for | Column (2) | for persons | Column (4) |
| ı | maintenance for months | exceeds limits | living in rural areas for | exceeds limits |
| - | months | specified in 42 CFR | months | specified in 42 CFR |
| / -/ , | irban only | 435.1007 ¹ | months | 435.1007 ¹ |
| | IIDan Only | 433.1007- | | 455.1007 |
| <u></u> | ırban & rural | | | |
| 5 | \$ | \$ | \$ | \$ |
| 6 | \$ | | \$ | \$ |
| 7 | \$ | <u> </u> | \$ | \$ |
| 8 | \$ | <u> </u> | \$ | <u> </u> |
| 9 | \$ | | \$ | \$ |
| 10 | \$ | <u> </u> | \$\$ | \$ |
| For each addi- tional person, | | | | |
| add: | \$ | \$ | | \$ |
| 1/ Th | ne agency has met | hods for excluding | from its claim for | r FFP |

The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

| TN No | Approval | Date | 1/2/92 | Effective | Date | |
|-------|----------|------|--------|-----------|-------|--|
| | | | | HCFA ID: | 7985E | |